

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

COLONIAL PRINTING INK COMPANY
180 EAST UNION AVENUE
EAST RUTHERFORD WJ 07073

INSTALLATION ADDRESS NJ 07073

EPA Form 8700-12B (4-80)

10/09/80

SEPA	NOTIFIC	LON OF HAZARD	OLIS WASTE A	CTIVTY	INSTRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA					abel, affix it in the space at left. If any of the oformation on the label is incorrect, draw a line
I.D. NO.	MJD09517	1930			hrough it and supply the correct information the appropriate section below. If the label is
I. STALLATION	COL-CHIPT	PRINTING IN	COMPANY T	NK	complete and correct, leave Items I, II, and III pelow blank. If you did not receive a preprinted
INSTALLA-	1 88 EAST	-UNION AVENUE	.	1 #`	abel, complete all items. "Installation" means a ingle site where hazardous waste is generated,
II. MAILING ADDRESS		(1), MJ -6 7073			reated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer
	100 000	UNION A& ENU	,,,,,		to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The
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J. Houmbele

LINO F. PEREIRA, P.E.

DEPUTY DIRECTOR

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT 32 E. Hanover St., CN 028, Trenton, N.J. 08625

MARWAN M. SADAT, P.E. DIRECTOR

1 8 MAY 1984

Mr. Michael G. Nearing Morgan, Lewis & Bockius One Logan Square Philadelphia, Pa. 19103

Re: Revised Part A Application and Compliance with Financial Requirements under N.J.A.C. 7:26 - 9.10 and 7:26 - 9.13 for Colonial Printing Ink Corporation, EPA ID No. NJD095171930, East Rutherford Borough Bergen County

Dear Mr. Nearing:

The Bureau of Hazardous Waste Engineering (the Bureau) is in receipt of your submittal dated April 27, 1984 regarding the Colonial Printing Ink Corporation's (CPI) East Rutherford plant compliance with the New Jersey Hazardous Waste Management Regulations.

The Bureau has reviewed your explanation of the tanks which were listed as hazardous waste storage tanks in CPI's original Part A application and are no longer included in the revised Part A submittal.

According to New Jersey Hazardous Waste Management Regulations under N.J.A.C. 7:26 - 8.2(b), a hazardous waste which is generated in a product or a raw material storage tank, a product or raw material transport vehicle or vessel, a product or raw material pipeline, or in a manufacturing process unit or an associated non-waste-treatment-manufacturing unit, is not subject to regulation under N.J.A.C. 7:26 - 7.1 et seq. through 11.1 et seq. until it exits the unit in which it was generated, unless the hazardous waste remains in the unit more than 90 days after the unit ceases to be operated for manufacturing, or for storage or transportation of product or raw materials.

It is this Bureau's understanding, based on the aforementioned correspondence from the company, that the subject tanks (a pot washer unit) meet the above stated requirements of N.J.A.C. 7:26-8.2(b) and are therefore not subject to regulation as a hazardous waste TSD activity under N.J.A.C. 7:26-7.1 et seq. through 11.1 et seq. Consequently, the Bureau has no objection to the deletion of the SO2 activity on the revised Part A application.

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APPENDIX A

ENVIRONMENT OF 16 22 ALT BY NEW YORK, N.Y. 10007

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C. Is this a facility which currently results in discharges	16	17	10	discharge to waters	of the U.	S.? (FORM:	2B)	19	20	21
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Attach to this application a topographic map the outline of the facility, the location of ea treatment, storage, or disposal facilities, and water bodies in the map area. See instructions XII. NATURE OF BUSINESS (provide a brief descrip	each well where it in for precise requirement	proposed intak	e and disc	harge structures, eac	h of its hazardous waste
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I certify under penalty of law that I have per attachments and that, based on my inquiry application, I believe that the information is false information, including the possibility of	of those persons important of the securate and control of	mediately respo molete. I am a	neible for	abtaining the inform	made a sent to all a
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George Lambert - President					
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IV. DESCRIPT	ION OF HAZARDOUS WAS	TEC WES	A STATE OF THE PARTY OF THE PARTY OF	La Vide et lance Auch et mas	W. St. W. St. St. St. St. St. St. St. St. St. St	
A. EPA HAZARI	DOUS WASTE MUNAPED F-					
handle hazardo	DOUS WASTE NUMBER — Encous wastes which are not listed toxic contaminants of those haz	in 40 CFR	Subpart D appear the fo	CFR, Suppart	D for each listed hazardous	waste you will hangle, if yo
tics and/or the	toxic contaminants of those haz	ardous wast	es.	our—aigit numbe	r(s) from 40 CFR, Subpart (that describes the characteris
B ESTIMATED	ANNUAL OUANTITY					
basis. For each	ANNUAL QUANTITY — For en characteristic or toxic contamination that characteristic or contaminant	ach listed w	aste entered in column	A estimate the	quantity of that waste that	will be handled on an annua
which possess t	hat characteristic or contaminar	it.	iii column A estimate	the total annual	quantity of all the non-liste	d waste(s) that will be handled
codes are:	ASURE - For each quantity en	tered in coli	umn B enter the unit of	of measure code.	Units of measure which mu	st be used and the appropriate
	9.					at the about the appropriate
E	NGLISH UNIT OF MEASURE		CODE	METRICUM	IT OF MEASURE	
in P	OUNDS		P	KILOGRAMS	5	CODE
	ONS			METRIC TO	NS	
If facility reco	rds use any other unit of measu propriate density or specific grav	re for quant	ity, the units of measu	ire must be con-	antad into C.I.	
account the app	propriate density or specific grav	ity of the wa	aste.	are must be come	erted into one of the require	d units of measure taking into
D. PROCESSES						
1. PROCESS C	ODES:				٠.	
For listed h	azardous waste: For each listed now the waste will be stored, tree	hazardous	waste entered in colur	nn A select the c	ode/cl from the list of	
FOR DOD—lie	tod hazardene menten Canana					
contained in	ited hazardous wastes: For each	Cosses that	tic or toxic contamina	int entered in co	lumn A, select the code(s)	rom the list of process codes
that charact	Drictic Or tovio conteminant				non-listed in the mon-listed in	1272FCCOUR IMPARTOR AMAN
WOTA: FOIL	r chacge are provided for onte-					
2. PROCESS D	ESCRIPTION: If a code is not	listed for a n	roces that will be	w. e		
			Locess fligt Mill De fized	i, describe the pr	ocess in the space provided o	n the form.
NOTE: HAZARD	OUS WASTES DESCRIBED BY Hazardous Waste Number shall	MORE TH	AN ONE EPA HAZAI	RDOUS WASTE	NUMBER - Hazardous was	stor that one haden it is
1. Select one of	Hazardous Waste Number shall	be described	on the form as follow	s:	The Maria Court Was	ites that can be described by
quantity of	of the EPA Hazardous Waste Num the waste and describing all the p to of the next line enter the other	noers and er	ter it in column A. On	the same line cor	mplete columns B,C, and D t	y estimating the total annual
2. In column A	of the next line enter the other	er EPA Haza	rdous Waste Number	and/or dispose of	f the waste.	
"included wi	th above" and make no other en	tries on that	line.	con be used	to describe the waste. In co	numn D(2) on that line enter
o. Mepeat step	2 for each other EPA Hazardous	waste Num	ber that can be used to	describe the haza	ardous waste.	•
XAMPLE FOR C	CMDI STING ITEM NI Chause					
er year of chrome	shavings from leather tanning and there will be an estimated 2	and finishing	operation. In addition	, the facility will	treat and dispose of the	of an estimated 900 pounds
00 pounds per vea	and there will be an estimated 2 r of that waste. Treatment will be	00 pounds	per year of each waste	. The other wast	e is corrosive and ignitable a	and there will be an estimated
	C. Lide Waste. Heatinging Will D		erator and disposal wil	be in a landfill.		co an estimated
A. EPA	B. ESTIMATED ANNUAL	C. UNIT			D. PROCESSES	
EO WASTENO	QUANTITY OF WASTE	SURE	1. PROCESS	CODES		
1Z (enter code)	The second secon	(enter	(enter)	2. PROCES	S DESCRIPTION of entered in D(1)
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X-1 K 0 5 4	900	P	T 0 3 D 8 0			
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K-3 D 0 0 11	100	P	T 0 2 0 6 0	T 1 T T	 	
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PAGE 2 OF 5

included with above

CONTINUE ON PAGE 3

Continued from the front.

X-4 D 0

EPA Form 5510-3 (3-80)

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE

Continued from page 2. NOTE: Photocopy this page before completing if you have more than 26 wastes to list. Form Approved OMB No. 153-S80004 EPÅ I.D. NUMBER (enter from page 1) FOR OFFICIAL USE ONLY W.N J DO W DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) A. EPA HAZARD. WASTENO. (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE LINE NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) K 08 6 360,000 P S 0 D 00 8 2,000 P S 0 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 25 25

Continued from the front.			_					
IV. DESCRIPTION OF HAZARDOUS WASTES	(continued)	*****	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*		A STATE OF		
E. USE THIS SPACE TO LIST ADDITIONAL P	ROCESS CODES FI	ROM ITEM D(1)	ON PAGE 3.		A STATE OF THE PARTY OF THE PAR	- Secondary	I (SECTION	STATE OF THE
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EPA I.D. NO. (enter from page 1)								
N JD 0 9 517 1 9 3 0 6								
FACILITY DRAWING				THE POST WILL	in the same	Sal Constant	ofileral	elicita internesiate
Il existing facilities must include in the space provided of	on page 5 a scale drawii	ng of the facility (s	ee instructions for m	ore detail	1.			
I. PHOTOGRAPHS			CONTRACTOR STATES	高斯特尔斯	THE PARTY		9239	10015-2
all existing facilities must include photographs (a	erial or ground—leve	that clearly de	lineate all existing	structur	es; ex	isting st	torage	
reatment and disposal areas; and sites of future site. FACILITY GEOGRAPHIC LOCATION	torage, treatment or	disposal areas (s	ee instructions for	more de	tail).			
LATITUDE (degrees, minutes, & secon	da)							100
			LONGITUDE (degre	es, minu	tes, & s	econds)		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			7 4	05	مام	0		
II. FACILITY OWNER		4亿出版"公民	HAME TO THE		Of T	E L	TO S	
A. If the facility owner is also the facility operator a skip to Section IX below.	s listed in Section VIII	on Form 1, "Gene	eral Information", pla	ce an "X'	" in the	box to	the le	ft and
B. If the facility owner is not the facility operator as	s listed in Section VIII	on Form 1, comple	ete the following iter	ns:				
1. NAME OF FAC	ILITY'S LEGAL OWN	ER		1 2.	PHON	E NO. (rea co	de & no.)
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				59 56		59 -	- -	للل
3. STREET OR P.O. BOX	G I	4. CITY OR TO	NWC	5. ST.			COD	E
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OWNER CERTIFICATION			de la companya de la	1	1	7	राज्यस्थ	-
	v examined and am	familiar with the						
ertify under penalty of law that I have personally		iannilar with the	information subm	itted in	this ar			
						nelleve	ייובחז	
bmitted information is true, accurate, and compl						peneve e inform	tnat i natio	7,
bmitted information is true, accurate, and compl cluding the possibility of fine and imprisonment.	ete. I am aware that					peneve e inforn	tnat i natio	7,
bmitted information is true, accurate, and completed in the possibility of fine and imprisonment.					ion, I i ng falsi	e inforn	tnat i	7,
omitted information is true, accurate, and completed information is true, accurate, and completed in the possibility of fine and imprisonment. NAME (print or type)	ete. I am aware that			nformati ubmittir	ion, I i ng falsi	e inforn	tnat i	7,
omitted information is true, accurate, and completed information is true, accurate, and completed in the possibility of fine and imprisonment. NAME (print or type) George Lambert - President	ete. I am aware that			nformati ubmittir	ion, I i ng falsi	e inforn	tnat i	7,
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bmitted information is true, accurate, and completed information is true, accurate, and completed in the possibility of fine and imprisonment. NAME (print or type) George Lambert - President OPERATOR CERTIFICATION ertify under penalty of law that I have personally cuments, and that pased on my inquiry of those	B. SIGNATURE B. SIGNATURE Comparison of the co	there are signific	for obtaining the incant penalties for s	C. DAT	re sig	NED NED	natio	d,
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-2A Form =510-3 (6-60)

APPENDIX B

de en áreas are spoced for en		MENTAL PROTE	TION AGENCY	TOM ADDITION OF SING.	0 ·				
FORM	GENE	ERAL INFORM	ATION	A I.D. NUMBER	THE FLAT				
ENERAL	Cor	nsolidated Permits Pr General Instructions"	ogram .	F N J D 0 9 5 1 7	13 14 19				
II. POLLUTANT CHARACTERISTICS III. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you enswer questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question. Mark "X" in the box in the parenthesis following the question.									
INSTRUCTIONS: Complet	te A through J to determine w	whether you need to	submit any permit application	on forms to the EPA. If you an	swer "yes" to any				
questions, you must submit	this form and the supplement attached. If you answer "no" uirements; see Section C of the	tal form listed in the ' to each question, v	parenthesis following the quot need not submit any of the	estion. Mark "X" in the box in ese forms, You may answer "n	o" if your activity				
	DUESTIONS	MARK 'X'		QUESTIONS	TES NO ATTACHED				
A. Is this facility a publi which results in a disc (FORM 2A)	icly owned treatment works harge to waters of the U.S.?	X X	include a concentrated aquatic animal producti discharge to waters of the		X 19 20 21				
C. Is this a facility which to waters of the U.S.	currently results in discharges other than those described in	x	in A or B above) which	ty (other than those described h will result in a discharge to	X				
A or 8 above? (FORM 2		22 23 24		ect at this facility industrial or					
hazardous wastes? (FOR	IM 3)	X X	taining, within one qu	w the lowermost stratum con- parter mile of the well bore drinking water? (FORM 4)					
water or other fluids wi in connection with conv duction, inject fluids oil or natural gas, or in hydrogathans? (FORM)	underground sources of drinking water? (FORM 4) u or will you inject at this facility any produced or other fluids which are brought to the surface nection with conventional oil or natural gas pron, inject fluids used for enhanced recovery of natural gas, or inject fluids for storage of liquid represent (FORM 4) underground sources of drinking water? (FORM 4) H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)								
one of the 28 industri structions and which we per year of any air p Clean Air Act and ma attainment area? (FOR)	sed stationary source which is ial categories listed in the in- will potentially emit 100 tons pollutant regulated under the sy affect or be located in an M 5)	V	NOT one of the 28 in- instructions and which per year of any air pollu	sed stationary source which a dustrial categories listed in the will potentially emit 250 ton- utant regulated under the Clear t or be located in an attainment					
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13 16 - 29 20	AL, PRINTI	. N.G. , I.N.K	, C.O.M.I.A.N.I.						
IV. FACILITY CONTACT	A. NAME & TITLE (last, fi	irst, & title)		B. PHONE (area code & no.)	and the said of th				
2 M. I. L. E. R.,	ROBIN, CO	ORDINA	T O R 2	0 1 9 3 3 6 1 0	0				
V. FACILITY MAILING AD		1655 1515 1527			ik jedenske				
3 1 8 0 E A S T	UNION AV	ZENUE							
E A S T R U T	HERFORD		C.STATE D. ZIP CO	7 3					
VI. FACILITY LOCATION	EET, ROUTE NO. OR OTHER	SPECIFIC IDENTIF	CT MONTH TO THE						
5 1 8 0 E A S	, , , , , , , , , , , , , , , , , , , 	JENUE							
-1-1-1-1-1	B. COUNTY NAME		1						
45	C. CITY OR TOWN		D.STATE E. ZIP C	ODE F. COUNTY CODE					
EAST RU	THERFORD		N J 0 7 0						
\ Form 3510-1 (6-80)				CON	TINUE ON REVERSE				

SIC CODES (4-digit, in order of priarity) A. FIRST B. SECOND 2, 8, 9, 3 (specify) C. THIRD C. THIRD D. FOURTH I. OPERATOR INFORMATION A. NAME A. NAME B. Is the name of priarity) I. OPERATOR INFORMATION A. NAME B. Is the name of priarity) I. OPERATOR INFORMATION A. NAME	
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2, 8, 9, 3 Screen Printing Ink Manufacturing C. THIRD C. THIRD C. THIRD D. FOURTH (specify) T. (specify) A. NAME B. Is the naming them VIII	
C. THIRD C. THIRD C. THIRD C. THIRD C. THIRD C. THIRD D. FOURTH (specify) 7 13 15 - 19 1. OPERATOR INFORMATION A. NAME B. is the name item VIII	
(specify) C (specify) 7 1. OPERATOR INFORMATION A. NAME B. is the name item Vill	
I. OPERATOR INFORMATION A. NAME B. is the name item Vill	
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A. NAME B. is the nar	
	ne listed in
	I-A also the
COTONTIL DRINGTNO TNY CONDINY	⊠ ио
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) D. PHONE (area code & no). J
FEDERAL M = PUBLIC (other than federal or state)	1
S = STATE	0.0
E. STREET OR P.O. BOX	-
80 EAST UNION AVENUE	
F. CITY OR TOWN G.STATE H. ZIP CODE IX, INDIAN LAND	2.72
Is the facility located on Indian land	ds?
E, A, S, T, R, U, T, H, E, R, F, O, R, D, $N, J = 0.7, 0.7, 3$ \subseteq YES \boxtimes NO	
16 41 42 47 - 11	
EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)	
7	<u>-</u> ::::::::::::::::::::::::::::::::::::
N	
B. UIC (Underground Injection of Fiuids) E. OTHER (specify)	
9 MILL EXHAUST (specify) NJDEP Bureau of Air	•
U 9 MILL EXHAUST Pollution Control	
C. RCRA (Hazardous Wastes) E. OTHER (specify)	4
(specify) NJDEP Bureau of Air	
R D U,S,T, C,O,L,L,E,C,T, Pollution Control	
MAP	
Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous reatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other suvater bodies in the map area. See instructions for precise requirements.	waste
I. NATURE OF BUSINESS (provide a brief description)	
70 W	
	4 13
Screen Printing Ink Manufacturer	
III. CERTIFICATION (see instructions)	and the second
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application a attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained	
application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submaries information, including the possibility of fine and imprisonment.	nitting
NAME & OFFICIAL TITLE (type or print) B. SIGNATURE C. DATE SIGNET	5
I. Gaines, President	
OMMENTS FOR OFFICIAL USE ONLY	1.00
A Form 3510-1 (6-80) REVERSE	

comment to the ty						Form Approx 5 C . 2 '- 1. 55 80 1064	CM * **
1 GEA	HAZARDOL	IS WASTE	Permits Pro	APPL	ICAT	FNJDC95171930	11
FOR OFFICIAL USE ONLY		反导生	经事件员				ننت
APPROVED (yr., mo., & day)	P				COM	MENTS	
23 24	5						40'42
II. FIRST OR REVISED APP							To la
revised application. If this is your EPA I.D. Number in Item I above.	first application and	you already k	now your fa	cility's E	PA I.D.	s is the first application you are submitting for your facility of Number, or if this is a revised application, enter your facility	ra 's
A. FIRST APPLICATION (plant) 1. EXISTING FACILITY	ce an "X" below and (See instructions for Complete item belo	definition of	ppropriate d "existing" fo	ate) scility.	8	2.NEW FACILITY (Complete item below.) 70 FOR NEW FACILITI PROVIDE THE DAT	
8 T OP (us	R EXISTING FACIL ERATION BEGAN Of the boxes to the lef	R THE DATE	E CONSTRU	CTION	, mo., &	(day) YR. MO. DAY (Vr mo & day) OPE	RA-
B. REVISED APPLICATION 1. FACILITY HAS INTE		and complete	Item I abov	e)		2. FACILITY HAS A RCRA PERMIT	
III. PROCESSES – CODES A	ND DESIGN CAP	ACITIES	1600			the contract of the contract o	神
entering codes. If more lines a describe the process (including	re needed, enter the d its design capacity) i	ode(s) in the s n the space pro	space provid ovided on th	ed. If a e form (process ! Item III-		r en
PROCESS DESIGN CAPACIT AMOUNT — Enter the amo UNIT OF MEASURE — For measure used. Only the unit of th	unt. r each amount entere	ed in column E	3(1), enter th	ne code f	-	e list of unit measure codes below that describes the unit of	
measure used. Only the di	PRO- APPROP	RIATE UNIT	SOF			PRO- APPROPRIATE UNITS OF	
PROCESS		RE FOR PROC GN CAPACIT			PRO	CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY	_
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Disposal:	D79 GALLON	OR LITERS				GALLONS PER HOUR OR LITERS PER HOUR	
LANDFILL LAND APPLICATION OCEAN DISPOSAL	D80 · ACRE-FE would cov depth of o HECTARI D81 ACRES O	ET (the volum er one acre to ne foot) OR E-METER R HECTARES S PER DAY O	e that a	therma process surface ators.	l or biole es not o impoun Describe	or physical, chemical, TO4 GALLONS PER DAY OR ogical treatment LITERS PER DAY ccurring in tanks, diments or inciners the processes in ded; Item III-C.)	
SURFACE IMPOUNDMENT	D83 GALLON	OR LITERS		*		LINITO	\E
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GALLONS	G	LITERS P	ER DAY			V ACRE-FEETA	
CUBIC YARDS	Y c	METRIC 1	TONS PER H	HOUR		W ACRESB HECTARESQ	
EXAMPLE FOR COMPLETING	TEM III (shown in li	ne numbers X	ERHOUR. -1 and X-2 l	below):	A facilit	ty has two storage tanks, one tank can hold 200 gallons and th	1e
other can hold 400 gallons. The t	acility also has an inc	cinerator that	can burn up	to 20 ga	ilons per	r hour.	
C DUP	13 (4 15	111	111	11	7	111111111111111111111111111111111111111	1
A. PRO-	S DESIGN CAPA		FOR		.PRO-	B. PROCESS DESIGN CAPACITY	₹
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EPA Form 3510-3 (6-80)		401	PAGE			CONTINUE ON REVE	RSI

e tront.		
ROCES ES (continued)		Via Via
PACE FO: ADDITIONAL PROCESS CODES OF NCLUDE DESIGN CAPACITY.	R FOR DESCRIBING OTHER PROCESS	SES (code "T04"). FOR EACH PROCESS ENTERED HERE
		TORRENO TO DU
		100 001

/. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR. Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

- 1. PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

OTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by ore than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

XAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds or year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes a corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 30 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT	D. P	ROCESSES
-0	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$)
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<u>2</u>	D 0 0 2	400	P	T 0 3 D 8 0	
 (-3	D 0 0 1	100	P	T 0 3 D 8 0	
(4	D 0 0 2				included with above

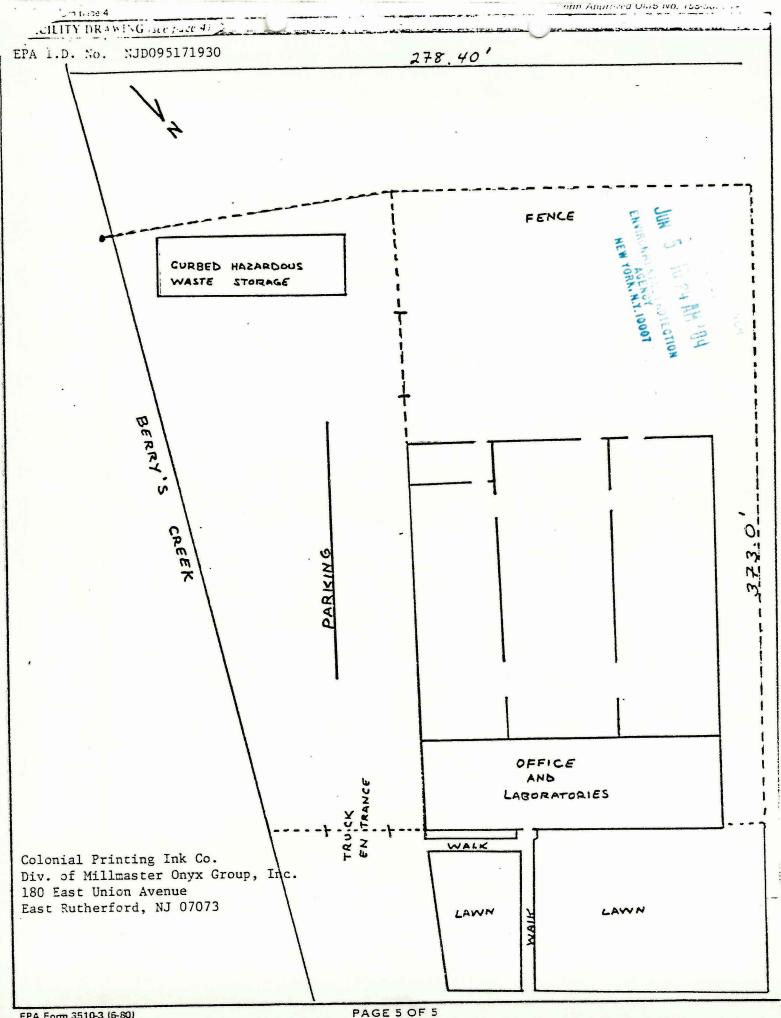
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LINE NO.		Z P ST ter	E N cod	e)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	6	MEA- URE inter ode)		29		ESS CODE enter)	1	2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$)					
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DESCRIPTION OF HAZARDOUS WASTES (co.		OM ITEM DIII ON PAGE	3.	And the second of the second o
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EPA I.D. NO. (enter from page 1)				
N J D 0 9 5 1 7 1 9 3 0 6				
. FACILITY DRAWING Il existing facilities must include in the space provided on p	anna 5 a ceala deswi			2-10-10-10-10-10-10-10-10-10-10-10-10-10-
I. PHOTOGRAPHS	page of a scale drawl	ing of the facility isse instruction	ns for more detail).	The second
al existing facilities must include photographs (aeria	al or ground—leve	that clearly delineate all	existing structure	es; existing storage,
. FACILITY GEOGRAPHIC LOCATION	aye, treatment or	disposar areas (see instruction)	ons for more det	all).
LATITUDE (degrees, minutes, & seconds))	LONGITU	DE (degrees, minut	es, & seconds)
4049000			17/110/511	
		1 70	1/14 0 5	01010
III. FACILITY OWNER			7 4 0 5	7 - 73
III. FACILITY OWNER A. If the facility owner is also the facility operator as liskip to Section IX below.	isted in Section VII	on Form 1, "General Informa	7 4 U 5 74 75 74 75 74 75 74 75 74 75 74 75 74 75 74 75 75 75 75 75 75 75 75 75 75 75 75 75	' in the box to the left and
A. If the facility owner is also the facility operator as li skip to Section IX below.	• *			in the box to the left and
A. If the facility owner is also the facility operator as listing to Section IX below. B. If the facility owner is not the facility operator as listing the facility	sted in Section VIII	on Form 1, complete the folic	owing items:	
A. If the facility owner is also the facility operator as liskip to Section IX below. B. If the facility owner is not the facility operator as list. 1. NAME OF FACIL	sted in Section VIII	on Form 1, complete the folic	owing items:	in the box to the left and PHONE NO. (area code & no.)
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PA Form 3510-3 (6-80)

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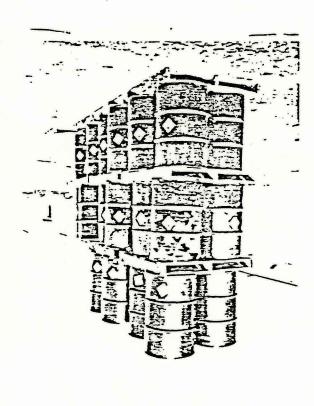
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PERMITS AND A CELNCH

JUN 5 10 24 AH "84

ENVIRGNMENTAL FROTEGTION AGENCY NEW YORK, N.Y. 10007



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NOTES:

The storage capacity was the largest possible amount of drums that could be stored in our hazardous waste storage area.

The estimated quantity of annual waste was determined as follows:

The operating record was reviewed for 1981 and 1982.

The waste manifested was added and divided by two to arrive at the annual waste shipped. Using two years gave a more complete picture of waste shipped and allowed for some yearly changes in business.

The figure was doublechecked and converted to pounds as follows:

KO86 - Waste Compound averages 8#/gal.
Waste Inks averages 10#/gal.

(Comprised of Waste Ink and Liquid Hazardous Waste NOS)

The Waste Compound manifested was added (gal.) and multiplied by eight to determine pounds manifested.

The Waste Inks were added (gal.) and multiplied by ten to determine pounds manifested.

These two figures were then added to determine total K086 in pounds manifested. The figure was increased somewhat to give room for change.

The K082 manifested is recorded in pounds, so the annual report was just reviewed and summed up.

YPPENDIX C

MORGAN, LEWIS & BOCKIUS COUNSELORS AT LAW PHILADELPHIA WASHINGTON 101 PARK AVENUE LOS ANGELES NEW YORK, NEW YORK 10178 TELEPHONE: (212) 309-6000 N10095171930 CABLE ADDRESS: MORLEBOCK TELEX: 64-5371

MIAMI HARRISBURG LONDON

SANDOR GREEN

DIAL DIRECT (212) 309-6082

January 30, 1984

United States Environmental Protection Agency Region Two 26 Federal Plaza New York, New York 10007

Colonial Printing Ink Corporation

Dear Sirs:

Enclosed for your consideration please find a revised general information form (Form 1) and a revised hazardous waste permit application (Form 3) for the above named corporation.

Kindly acknowledge receipt of the respective enclosures by stamping and returning the copy of this letter in the enclosed envelope provided for that purpose.

Please do not hesitate to contact the undersigned if you have any questions or comments with respect to the enclosed documents.

Very truly yours,

men a. Green

Sandor A. Green

Enclosures SAG:rslc

areas are spaced for elite type, i.e., 12 characters,	DNM			Form Approved OMB No. 1. PA I.D. NUMBER	PA I.D. NUMBER							
SEPA GE			NFORI	MATION	1 1	1	T/A					
NERAL (Read th	"Gene	ral In	structions	s" before starting.) GENERAL INSTR	1000	ONS	13 14 1					
EPA I.D. NUMBER	11	/,	11,	If a preprinted label has b it in the designated space.	een p	provid						
I. FACILITY NAME	11	/	11,	ation carefully; if any of it	t is in	ncorre	ect, cross					
4444	11	/	11	appropriate fill—in area bel the preprinted data is abset	ow.	Also.	if any of					
MAILING ADDRESS PLEASE P	LACE	LA	BEL IN	N THIS SPACE left of the label space list that should appear), please	e pro	e inf	ormation it in the					
4444	11	/	11	proper fill—in area(s) belo complete and correct, you	need	not	complete					
FACILITY	//	/	//	Items I, III, V, and VI (amust be completed regard items if no label has been	lless).	Com	plete all					
LOCATION	//	/	11	the instructions for deta	iled	item	descrip-					
	1	/	11	which this data is collected.			no under					
POLLUTANT CHARACTERISTICS	- 1 - 1											
questions, you must submit this form and the supplen	ental f	orm li	sted in th	o submit any permit application forms to the EPA. If you and ne parenthesis following the question. Mark "X" in the box in	the th	nird c	olumn					
if the supplemental form is attached. If you answer "is excluded from permit requirements; see Section C of	o" to e	each q	uestion, y	you need not submit any of these forms. You may answer "no so, Section D of the instructions for definitions of bold—faced	" if y	our a	ctivity					
SPECIFIC QUESTIONS	YES	MAR	K'X' FORM ATTACHED			MAR	K'X'					
A. Is this facility a publicly owned treatment wo		NO	ATTACHE	B. Does or will this facility (either existing or proposed)	YES	NO	ATTACHE					
which results in a discharge to waters of the U. (FORM 2A)		x		include a concentrated animal feeding operation or aquatic animal production facility which results in a		x						
C. Is this a facility which currently results in discharge		17	18	D. Is this a proposed facility (other than those described	19	20 X	21					
to waters of the U.S. other than those described A or B above? (FORM 2C)	22	23	24	in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	25	26	27					
E. Does or will this facility treat, store, or dispose hazardous wastes? (FORM 3)	of X		x	 F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum con- 		x						
	28	29	30	taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	32	33					
G. Do you or will you inject at this facility any product water or other fluids which are brought to the surfa- in connection with conventional oil or natural gas p.	ce			H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch								
duction, inject fluids used for enhanced recovery oil or natural gas, or inject fluids for storage of liqu	of	x	r direct	process, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy?		x						
hydrocarbons? (FORM 4) . Is this facility a proposed stationary source which	34	35	36	J. Is this facility a proposed stationary source which is	37	38	39					
one of the 28 industrial categories listed in the structions and which will potentially emit 100 to	n-			NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons								
per year of any air pollutant regulated under to Clean Air Act and may affect or be located in		X		per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	SES	x	STRIKE					
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CONTINUED FROM THE FRONT VII. SIC CODES (4-digit, in order of priority)					M. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
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Manufacturi	ng	15 16 - 19		D. FOURTH	e Great and the later and
(specify)		7	(specify)		
VIII. OPERATOR INFORMATION		15 16 - 19			
8 Colonial Printing Ink Co					B. Is the name listed in Item VIII-A also the owner? XYES NO 66
C. STATUS OF OPERATOR (Enter the approximately provided in the control of the con		er box; if "Other" specify)	', specify.)	D. PHON C 201 15 16 - 18	933 6100 19 - 21 22 - 28
180 East Union Avenue	P.O. BOX		55		
F. CITY OR TOWN		G.STAT	H. ZIP CODE	IX. INDIAN LAND	ted on Indian lands?
B East Rutherford		NJ	07073	YES	™ NO
15 16 X. EXISTING ENVIRONMENTAL PERMITS		40 41 42	47 - 51		
A. NPDES (Discharges to Surface Water) C 7 1 9 N 15 16 17 18 - 30	D. PSD (Air Emission		Sources)		
B. UIC (Underground Injection of Fluids)	A STATE OF THE PARTY OF THE PAR	ER (specify)	30		
9 U	9 Mill E	xhaust,			ureau of Air
15 16 17 18 - 30 C. RCRA (Hazardous Wastes)	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ER (specify)	(speci	lution Co	
9 R	9 Dust Co.	llector	The second second second	lution Co	Bureau of Air ntrol
Attach to this application a topographic map the outline of the facility, the location of ea treatment, storage, or disposal facilities, and water bodies in the map area. See instructions	ch of its existing and each well where it inj	proposed intake ects fluids unde	and discharge	structures, each o	f its hazardous waste
XII. NATURE OF BUSINESS (provide a brief descrip	otion)				
Screen Printing Ink Manu	ıfacturer			HEW YORK. N.Y. 19007	JAN 30 A 03 PH '84
XIII. CERTIFICATION (see instructions)					
I certify under penalty of law that I have pe attachments and that, based on my inquiry application, I believe that the information is false information, including the possibility of	of those persons imi true, accurate and co fine and imprisonment	mediately respon mplete, I am av t.	nsible for obtain	ning the informa are significant pe	tion contained in the nalties for submitting
A. NAME & OFFICIAL TITLE (type or print) George Dambert - President	B. SIGNA	Nun /	///		DATE SIGNED
COMMENTS FOR OFFICIAL USE ONLY		Mis	mu		1 55
George Lambert - President COMMENTS FOR OFFICIAL USE ONLY	X	negolis	mont		126/84
15 16					55

EPA Form 3510-1 (6-80) REVERSE

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	ente	ering	CO	CODE — Enter the coodes. If more lines are a process (including its	needed, enter the co	de/s) in th	e spa	ce prov	vided.	. It	f a process	will be used							
	1. /	AMO	NUC	DESIGN CAPACITY - NT — Enter the amoun	it.								THE POST OF SHIP							
	2. 1	UNI	T O sure	F MEASURE — For e used. Only the units	ach amount entered of measure that are	in c	olumn d belo	B(1) w sho	, enter	the d	od	le from the	e list of unit	measure codes bel	ow that de	scribes	the u	nit of		
					PRO- APPROPR CESS MEASURE									PRO- CESS	APPROF					
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EP/	F	NIM.	351	10-3 (6-80)	27	-	28	29	PAGI	E 1		Name and Address of the Owner, where	19		CC.	NTIN	JE C	N RE	VER	SE

III. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.



IV. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

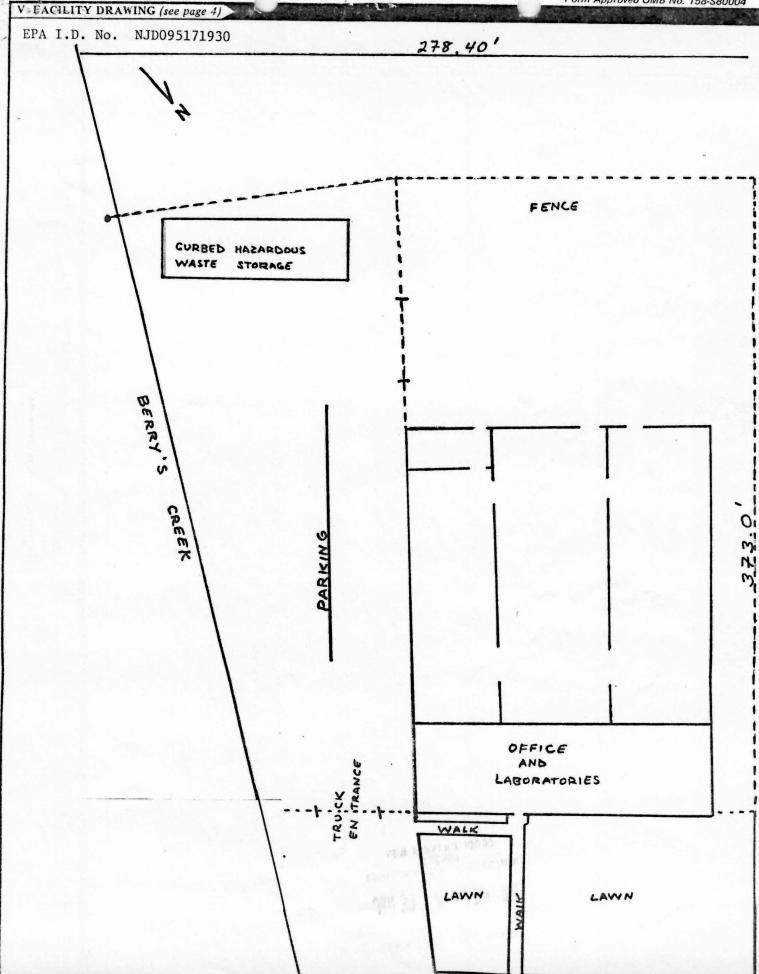
 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
- "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			4.					C.	UNIT		34			di					Kall		D. PROCESSES
LINE NO.	V	VA	S	TE	No de	0	B. ESTIMATED ANNUAL QUANTITY OF WASTE	5	URE enter ode)	1. PROCESS CODES (enter)											2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1		K	0	5		1	900		P	T	0	3	I) (8	0					
X-2		D.	0	0)	2	400		P	T	0	3	L)	8	0	N. S.				
X-3	3 1	D	0	0)	7	100		P	T	0	3	L) (8	0					
X-4		D	0	0)	?															included with above

Continued from page 2. NOTE: Photocopy this page before complet. you have more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) WNJDO DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA SURE (enter code) A. EPA HAZARD. WASTENO. D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 36 27 - 29 27 - 29 27 - 29 27 K 08 6 360,000 P S 0 D do 8 2,000 P S 0 1 3 5 6 7 8 9 10 11 12 13 14 15 16 18 19 20 21 22 23 24 25 26 EPA Form 3510-3 (6-80) **CONTINUE ON REVERSE** PAGE 3 OF 5

Continued from the front.					THE RESERVE OF THE PARTY OF THE
IV. DESCRIPTION OF HAZARDOUS WASTES (co) E. USE THIS SPACE TO LIST ADDITIONAL PROC	ESS CODES FRO	M ITEM D(1) ON PAGE	3.		
				EWING.	JAN 30
				EM YORK, M.Y.	JAN 30 4 03 PH 8d
EPA I.D. NO. (enter from page 1)					
F N JD 0 9 517 1 9 3 0 6	S. W.S.	A DESCRIPTION	NR PER		
All existing facilities must include in the space provided on p VI. PHOTOGRAPHS	age 5 a scale drawin	g of the facility (see instructi	ons for more	detail).	
All existing facilities must include photographs (aeria treatment and disposal areas; and sites of future stora	or ground—level age, treatment or) that clearly delineate al disposal areas (see instruc	l existing st	ructures; ex ore detail).	isting storage,
VII. FACILITY GEOGRAPHIC LOCATION	(本年)(本)(1)		S Better		
LATITUDE (degrees, minutes, & seconds) 4 0 4 9 00 0 65 66 67 68 69 - 71	Principle S	LONGIT	7 4 (O 79
 VIII. FACILITY OWNER A. If the facility owner is also the facility operator as liss skip to Section IX below. B. If the facility owner is not the facility operator as list 	ted in Section VIII	on Form 1, complete the fol			
1. NAME OF FACILI	TY'S LEGAL OWN	ER		2. PHOP	NE NO. (area code & no.)
E 19 16				55 56 - 58	59 - 61 62 - 65
3. STREET OR P.O. BOX		4. CITY OR TOWN	AND DESCRIPTION OF THE PERSON NAMED IN	5. ST.	6. ZIP CODE
F	G	and the second second			
IX, OWNER CERTIFICATION	49 115 116	S & GLOSSICS CALLED	MEN PAR	41 42	TO STATE OF THE STATE OF
I certify under penalty of law that I have personally edocuments, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	dividuals immedia	itely responsible for obta	ining the in	formation, I	believe that the
A. NAME (print or type)	B. SIGNATURE			C. DATE SI	GNED
George Lambert - President	X fr	ough aml	-re	1	48/24
X, OPERATOR CERTIFICATION	The Park of the Pa				
I certify under penalty of law that I have personally edocuments, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	dividuals immedia	ately responsible for obta	ining the in	formation, I	believe that the
A. NAME (print or type)	B. SIGNATURE	/ ,	and the	C. DATE SI	GNED /
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EPA Form 3510-3 (6-80)	PAGE	4 OF 5		1	CONTINUE ON PAGE 5



Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 characters/inch	<i>)</i>			Form Approved OMB No. 1.	58-RO	175	awa en
FORM L NVIRO	NME			ATION I. EPA I.D. NUMBER		1 - 1	T/A C
CO	nsolia	lated	Permits Pi		1.9	9.3.	0 [
LABEL ITEMS	1	1	11	GENERAL INSTR	een pr	rovide	ed, affix
I. EPA I.D. NUMBER	1	1	11	it in the designated space. ation carefully; if any of it	Review	v the	inform-
III. FACILITY NAME	//	/	11	through it and enter the appropriate fill—in area bel	correct ow, A	lso, i	a in the
" FACILITY	1	1	11	the preprinted data is abseleft of the label space lis	ts the	info	ormation
MAILING ADDRESS PLA	CE	LA	BEL IN	THIS SPACE that should appear), please proper fill—in area(s) belo complete and correct, you	w. If	the	label is
	1	1	11	Items I, III, V, and VI (Insurance of the completed regard)	except	· VI-I	B which
VI. FACILITY VI. LOCATION	11	1	11	items if no label has been the instructions for deta	provid	ded. I	Refer to descrip
	11	1	11	tions and for the legal as which this data is collected.	uthoriz	zatior	is unde
II. POLLUTANT CHARACTERISTICS							HOU
INSTRUCTIONS: Complete A through J to determine w	vhethe	r yo	u need to	submit any permit application forms to the EPA. If you ans a parenthesis following the question. Mark "X" in the box in	wer "y	es" t	o any
if the supplemental form is attached if you answer "no"	to as	ich a	uestion. V	ou need not submit any of these forms. You may answer "no	IT YO	our au	tivity
is excluded from permit requirements; see Section C of the			ns. See also	o, Section D of the instructions for definitions of bold—faced			K 'X'
SPECIFIC QUESTIONS	YES	NO	FORM	B. Does or will this facility (either existing or proposed)	YES	NO	FORM
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		X		include a concentrated animal feeding operation or aquatic animal production facility which results in a		X	
(FORM 2A)	16	17	18	discharge to waters of the U.S.? (FORM 2B) D. Is this a proposed facility (other than those described	19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	X 23	24	in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	25	X 26	27
E. Does or will this facility treat, store, or dispose of				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum con-			
hazardous wastes? (FORM 3)	X 28		X	taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface		29	30	H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch	1.7		147
in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of		57		processes, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy?		X	
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	X 35	36	(FORM 4)	37	38	39
Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons			
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an	-	X		per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	212	X	-
attainment area? (FORM 5)	40	A1	42	area? (FORM 5)	43	44	45
SKIP COLONIAL PRINTIN	G	T	NK	COMPANY			
IV. FACILITY CONTACT					69		1615
A. NAME & TITLE (last, fi				B. PHONE (area code & no.)			
MILLER ROBIN COOR	_ D]	[N	ATO	R 201 933 6100			
V. FACILITY MAILING ADDRESS				45 46 - 48 49 - 51 52 - 55			
A. STREET OR P.O.							
3 1.8.0. E.A.ST. U.N.I.O.NA.V	E.I	N.U	.Е.	45			
B. CITY OR TOWN	1 1	-1		C.STATE D. ZIP CODE			
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15 16	V _E	IN, U	E.,	45			
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45				70 D CYATE S ZIR CODE F. COUNTY CODE			
C. CITY OR TOWN	1 1	r	1 1 1	O.STATE E. ZIP CODE (if known)			
6 EAST RUTHERFORD	1 1			N.J. 0,7,0,7,3			
EPA Form 3510-1 (6-80)				CONT	INLIE	ON	REVERS

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VII. SIC CODES (4-digit, in order of priority)		
A. FIRST Screen	c (spec	B. SECOND
72,8,93 Printing Ink Manufacturi	ng 7	
15 16 - 19 C. THIRD	15 16 - 19	D. FOURTH
c (specify)	c (spec	ify)
7 15 16 - 19	7 15 16 - 19	
VIII. OPERATOR INFORMATION		
The second secon	NAME	B. Is the name listed Item VIII-A also t
COLONIAL DRINGING T	N IZ COMPANY	owner?
	NK COMPANY	☐ YES X NO
c. STATUS OF OPERATOR (Enter the appropriate letter in	to the answer hav: if "Other" eneal	fy.) D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state)	[/amaniful	c
S = STATE O = OTHER (specify) P = PRIVATE	P	A 2.01 9.33 6.1.00
E. STREET OR P.O. BOX	56	15 10 - 15 19 - 21 22 - 25
26	55	
F. CITY OR TOWN	G.STATE H. Z	ZIP CODE IX. INDIAN LAND
B EAST RUTHERFORD	77.7	Is the facility located on Indian lands?
		7,0,7,3
15 16	40 41 42 47	24 Call 51
X. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) D. PSD (A. NPDES (Discharges to Surface Water)	Air Emissions from Proposed Sources	
C T		
9 N , , , , , , , , , , , , 9 P		
15 16 17 18 - 30 15 16 17 18 B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	30
C T		(specify)
9 U 9 9 9 9 15 16 17 18 - 30 15 16 17 18		30
C. RCRA (Hazardous Wastes)	E. OTHER (specify)	NORTH AND DESCRIPTION OF THE PERSON OF
9 R 9		(specify)
15 16 17 18 - 30 15 16 17 18		30
Attach to this application a topographic map of the area	extending to at least one mile be	yand property houndaries. The man must show
the outline of the facility, the location of each of its exi		
treatment, storage, or disposal facilities, and each well w		nd. Include all springs, rivers and other surface
water bodies in the map area. See instructions for precise r	equirements.	
XII. NATURE OF BUSINESS (provide a brief description)		
No. 1 A		
Screen Printing Ink Manufac	cturer	
		Standard & Marketi
XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally example	nined and am familiar with the i	information submitted in this application and all
attachments and that, based on my inquiry of those propings in the proping in the		
application, I believe that the information is true, accurately false information, including the possibility of fine and imp		at there are significant penalties for submitting
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
1. Jec or Franch	11200	1
Robert J. Milano, Chairman	Koracen Will	110118 19182
COMMENTS FOR OFFICIAL USE ONLY	1 000	
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			type in the unsh are spaced for elit	aded areas only te type, i.e., 12 charac	ters/inch).			Form Approx	red OMB No. 158-S80004
FO	RM	68	EPA	HAZAR	US WAS Consolidat	TE PERM ted Permits P		ENID	NUMBER 0 5 1 7 1 9 3 0 F/A
-	RA	EEK	IAL USE ONL		mation is requi	ired under Se	ction 3005 of RCRA.		13 14
APP	LIC		N DATE RECE	IVED		100000	сомм	ENTS	
AF	T		17., 110., 2	I I					
I. I	FIR	ST O	R REVISED A	PPLICATION				120	On the State of th
evis	ed a	pplic	in the appropriate ation. If this is you have in Item I about	our first application a	(mark one bo	ox only) to in y know your	dicate whether this is facility's EPA I.D. Nu	the first application you mber, or if this is a revise	are submitting for your facility or a dapplication, enter your facility's
. F	IR:	5T A	PPLICATION	(place an "X" below TY (See instructions Complete item)	for definition	e appropriate of "existing"	date) facility.	2.NEW FA	CILITY (Complete item below.)
7	F	7-	MO. DAY	FOR EXISTING FA	CILITIES, PRO	OVIDE THE	DATE (yr., mo., & da	y)	FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPER TION BEGAN OR IS
-	73 REV	74 ISE	75 76 77 78 DAPPLICATION	(use the boxes to the ON (place an "X" bei		ete Item I ab	ove)	73 74 75 7	EXPECTED TO BEGIN
	72			TERIM STATUS			2 1/2	2. FACILI	TY HAS A RCRA PERMIT
			The second second second second	S AND DESIGN C.				-14	acility. Ten lines are provided for
B. P	RO	ibe the	DESIGN CAPAC NT — Enter the a	es are needed, enter the ling its design capacity CITY — For each code amount.	in the space	ne space prov provided on lumn A enter	the form (Item III-C).	rocess.	ded in the list of codes below, then
	m	easur	e used. Only the	units of measure that	are listed beid	ow should be	the code from the list used.	of unit measure codes be	elow that describes the unit of
			Poerce	CESS MEAS	OPRIATE UN URE FOR PR	OCESS	projectal base da as	PRO- CESS	MEASURE FOR PROCESS
Sto	orage		ROCESS	CODE DE	SIGN CAPAC	ITY	PROCE	SS CODE	DESIGN CAPACITY
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		PIL CE I	E MPOUNDMENT	CUBIC	YARDS OR METERS NS OR LITER	25	SURFACE IMPOU	NDMENT TO2	GALLONS PER DAY OR LITERS PER DAY TONS PER HOUR OR
	pos	_	WELL						METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
		FILL	WELL	D80 ACRE-I	NS OR LITER FEET (the volu over one acre	ime that to a	OTHER (Use for pi	hysical, chemical, TO4	GALLONS PER DAY OR LITERS PER DAY
			LICATION	HECTA	f one foot) OF RE-METER OR HECTAR		processes not occur surface impoundment ators. Describe the	ring in tanks, ents or inciner-	
			POSAL MPOUNDMENT	D82 GALLO	NS PER DAY PER DAY NS OR LITER	OR	the space provided;		
		reili.		UNITOF	NS ON EITE		UNIT		UNIT OF
_			EASURE	MEASURE CODE	UNITO	F MEASURE	MEASL COD		MEASURE CODE
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CU	BIC	MET	ERS		GALLO	NS PER HOL	HOUR	HECTARE	
XA	MP	E FC	OR COMPLETIN	G ITEM III (shown in	line numbere	X-1 and X-2	below): A facility had to 20 gallons per hou	e train etornos tonko ono	tank can hold 200 gallons and the
-) di		DUP	T/A C	nemerator tha	Can burn up	to 20 gallons per not		1111111
2		_		ESS DESIGN CAP	111	111	1111	11111	
BER	CE	RO-	B. PROC	ESS DESIGN CAP	2. UNIT	FOR	A.PRO-	B. PROCESS DESIG	FOR
7	(froi	DE n list	OC TRACKING NO	AMOUNT (specify)	OF MEA SURE (enter	OFFICIAI USE ONLY	Z (from list	1. AMOUNT	SURE USE
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-2	$T \mid 0$) 3	HEAT OF TRANSPORT	20	E		6	strong 272AW	IO YESTIN OF SECTION
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		n 351	19		27 28	29 · 3:	1 OF 5		CONTINUE ON REVERS

III. PROCESSES (continued)

SPACE FOR ADDITIONAL PRINCLUDE DESIGN CAPACITY

S CODES OR R DESCRIBING OTHER PROCESSES (code OR EACH PROCESS ENTERED HERE

**										
٧.	DES	CRIPTION	OF	HAZA	RDOUS	WASTES				

- . EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteris-
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled
- UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate

ENGLISH UNIT OF MEASURE	CODE	METRICUNITORIAN	
POUNDS		METRIC UNIT OF MEASURE	CODE
	P		OODL
TONS	T	METRIC TONS	K

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into

PROCESSES

- PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- TE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by ore than one EPA Hazardous Waste Number shall be described on the form as follows:
- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

AMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated) pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARD	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT	D. PROCESSES					
WASTENCE (enter code,		SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
K 0 5 4	900	P	T 0 3 D 8 0					
2 D 0 0 2	400	P	T 0 3 D 8 0					
$D \mid 0 \mid 0 \mid 1$	100	P	T'0'3 D'8'0					
D 0 0 2				included with above				

EPA I.D. NUMBER (enter from page 1) WN J D 0 9 5 1 7 1 9 3 0 7/A c			sve more than 26 wastes to list. FOR OFFICIAL USE					IAL USE	T/AC \\\\\	
2		- 13 14 15	1	7	W 2		DUP		2 DUP	
ı	A. EPA HAZARD. WASTENO (enter code) DESCRIPTION OF HAZARDOUS WASTE B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UN OF ME SUR (ente	IT EA-	1. PROCESS CODES				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
1	23 - 26	27 - 35	36		27 - 29	27 - 29	27 - 29	27 - 29	1 2 2	
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7		के किये वर्ष							R.J.M. Chemicals, Inc	
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EPA I.D. NO. (enter from page 1)		
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'. FACILITY DRAWING	的特別的自己的關係的特別的	THE RESERVE STREET STREET, SAN THE SAN
All existing facilities must include in the space provided on	page 5 a scale drawing of the facility (see instruction	s for more detail).
1. PHOTOGRAPHS		。
All existing facilities must include photographs (aero treatment and disposal areas; and sites of future sto	rage, treatment or disposal areas (see instruction	existing structures; existing storage,
II. FACILITY GEOGRAPHIC LOCATION	rage, a successful of disposal dreas face matruction	ons for more detail).
LATITUDE (degrees, minutes, & seconds	s) LONGITUE	DE (degrees, minutes, & seconds)
65 66 67 68 69 - 71	72	- 74 75 76 77 - 79
'III. FACILITY OWNER		第16 元度 86 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本
A. If the facility owner is also the facility operator as skip to Section IX below.	listed in Section VIII on Form 1, "General Information	on", place an "X" in the box to the left and
B. If the facility owner is not the facility operator as I	listed in Section VIII on Form 1, complete the follow	ving items:
1. NAME OF FACIL	LITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
R.J.M. Chemicals, Inc.		2 12 - 6 87 - 27 5 7
3. STREET OR P.O. BOX		55 56 - 58 59 - 61 62 - 65
	4. CITY OR TOWN	5.ST. 6. ZIP CODE
99 PARK AVENUE	G NEW YORK	N Y 1 00 1 6
X. OWNER CERTIFICATION	MANUFACTURE AND ADDRESS OF THE PARTY AND ADDRE	40 41 42 47 - 51
certify under penalty of law that I have personally	examined and am familiar with the information	on submitted in this and all attached
locuments, and that based on my inquiry of those in ubmitted information is true, accurate, and comple	ndividuals immediately responsible for obtaini	ng the information, I believe that the
ncluding the possibility of fine and imprisonment.	te. I am aware that there are significant penalt	ies for submitting talse information,
. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
	0 0 0	11/10
Robert J. Milano	Holer Aleela	100 1/9/12
COPERATOR CERTIFICATION	的现在分词形式的现在分词	While the same was a state of the same of
certify under penalty of law that I have personally	examined and am familiar with the information	on submitted in this and all attached
locuments, and that based on my inquiry of those in ubmitted information is true, accurate, and complete	ndividuals immediately responsible for obtaini	ng the information I believe that the
ncluding the possibility of fine and imprisonment.	to uni avaic triat inere are significant penalt	es for submitting talse information,
. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
	han /	101, 10
George Lambert	10 grahm	- 19/30/82
A Form 3510-3 (6-80)	PAGE 4 OF 5	CONTINUE ON PAGE 5

cess codes from Item D(1) ON PAGE 5...

V. DESCRIPTION OF HAZARDOUS
E. USE THIS SPACE TO LIST ADDITIONAL PROPERTY OF THE PROPERTY OF T

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Please print or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 characters finch.	n). ·			Form Approved OMB No. 1	58-R0	175	OK.
FORM	ONME			ECTION AGENCY I. EPA I.D. NUMBER			
I FPA CO	onsolia	lated	Permits I	Program " before starting.) F N J D 0 9 5 1 7			030
LABELITEMS	11	1	11	If a preprinted label has be	een p	rovide	
I. EPA I.D. NUMBER	11	1	11	it in the designated space. ation carefully; if any of it	is in	corre	ct, cross
III. FACILITY NAME	11	1	1/1	through it and enter the cappropriate fill—in area belthe preprinted data is abset	ow. A	Iso, i	f any of
V. FACILITY V. MAILING ADDRESS PLEASE PL	ACE	LAI	BEL IN	N THIS SPACE left of the label space list that should appear), please proper fill—in area(s) belo	ts the prov	info	mation t in the label is
	11	1	11	complete and correct, you Items I, III, V, and VI (a must be completed regard	except	· VI-1	B which
VI. FACILITY	11	1	11	items if no label has been the instructions for deta	provid	ded. I	Refer to
	11	/	11	tions and for the legal at which this data is collected.			
II. POLLUTANT CHARACTERISTICS					THE P		SEE S
questions, you must submit this form and the supplement	tal for	m lis	sted in thuestion.	o submit any permit application forms to the EPA. If you and he parenthesis following the question. Mark "X" in the box in you need not submit any of these forms. You may answer "no so, Section D of the instructions for definitions of bold—faced	the th	ird co our ac	olumn
SPECIFIC QUESTIONS			K'X' FORM ATTACHE	T TO THE STATE OF	AND DESCRIPTION OF THE PARTY OF	MAR	K 'X' FORM ATTACHE
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	0.0	x	ATTACHE	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		х	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in	16	17	18	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to	19	20 X	21
A or B above? (FORM 2C)	22	X 23	24	waters of the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or	25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X 28	29	X 30	municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface				H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch			
in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X 35	36	process, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	X 38	39
 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in- 				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the			
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the		x		instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment		x	146 25 8
Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	41	42	area? (FORM 5)	43	44	45
1 SKIP C OL ON IAL PRINTI	T NI C		INK	COMPANY			
1 SKIP C. O. L. O. N. I. A. L. P. R. I. N. T. I	L, IV , C	J	INI	(, 0,0,111,111,1	69	-	NAME OF TAXABLE PARTY.
A. NAME & TITLE (last, f)	irst, &	title)		B, PHONE (area code & no.)			
2 K.W.I.E.C.I.N.S.K.I. R.O.N.A.L.D)(0.0	O.R.I	D.I.N.A.T.O.R. 2.0.1 9.3.3 6.1.0.0			
V. FACILITY MAILING ADDRESS			93 G	45 46 - 48 49 - 51 52 - 55			ST. SEL
A. STREET OR P.O.	1 1						
3180 EAST UNION AV	EI	N U	E	45			
B. CITY OR TOWN	1-1			C.STATE D. ZIP CODE			
4 E.A.S.T. R.U.T.H.E.R.F.O.R.D.		-		NJ 07073			
VI. FACILITY LOCATION				Contract to purity the best of the			
A. STREET, ROUTE NO. OR OTHER	1 1	1	T T	-IER			
15 16	7, E, I	N, U	E.,	45			
B. COUNTY NAME BERGEN	1 1	1		70			
C. CITY OR TOWN		1		D.STATE E. ZIP CODE F. COUNTY CODE			
6 E.A.S.T. RUTHERFORD				NJ 07073			
EPA Form 3510-1 (6-80)	-				NUE	ON F	REVERS

CONTINUED FROM THE FRONT			
VII. SIC CODES (4-digit, in order of priority)		Market Market	THE PERSON NAMED IN
A. FIRST		B. SECO	ND
72,8,9,3 (specify) Screen	7	(specify)	
Printing Ink Manufacturing	15 16 - 19		
c (specify)	6 111	(specify)	TH.
7	7		
VIII. OPERATOR INFORMATION	15 16 - 19	THE REAL PROPERTY.	
A. NAMI	E MARIOUS AND A SHARE		B. Is the name listed in
			Item VIII-A also the owner?
8 C.O.L.O.N.I.A.LP.R.I.N.T.I.N.GI.N.K	C. CO.M.P.A.N	Υ, , , , , , ,	YES X NO
15 16		Hardel Mary Land Assets	55 66
C. STATUS OF OPERATOR (Enter the appropriate letter into the F = FEDERAL M = PUBLIC (other than federal or state)		, specify.)	D. PHONE (area code & no.)
S = STATE O = OTHER (specify)	P (specify)	A 2	01 933 6100
E. STREET OR P.O. BOX	56	15 16	- 18 19 - 21 22 - 25
100 840 840			
1.8.0. E.A.S.T. U.N.I.O.N. A.V.E.NUE		55	
F. CITY OR TOWN	G.STATE	H. ZIP CODE IX. INDIA	N LAND
B FAST RUTHERFORD	1 1 1 1 1	Is the faci	lity located on Indian lands?
TI DI LI	, NJ	0,7,0,7,3	YES X NO
X. EXISTING ENVIRONMENTAL PERMITS	40 41 42	47 - 51	
	nissions from Proposed So	MARKET CALL SECTION	A CANADA CONTRACTOR
C T I C T I C T I C	T T T T T T T T T T T T T T T T T T T	ources)	
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B. UIC (Underground Injection of Fluids) E.	OTHER (specify)	30	
9 U		(specify)	
15 16 17 18 - 30 15 16 17 18		30	
	OTHER (specify)		
9 R 9		(specify)	
18 16 17 18 - 30 18 16 17 18 XI. MAP		30	
Attach to this application a topographic map of the area extend the outline of the facility, the location of each of its existing	and proposed intake	le beyond property bour	nderies. The map must show
			each of its nazardous waste
water bodies in the map area. See instructions for precise require	ements. F9:	N50	
XII. NATURE OF BUSINESS (provide a brief description)	SPECIAL SEX	A STATE OF THE STA	
Screen Printing Ink Manufacturer		1	
Screen rincing in randracturer		_	
	r9:	C1	
		31	
			Annual Control of the
XIII. CERTIFICATION (see instructions)			
	THE RESERVE		THE REAL PROPERTY.
I certify under penalty of law that I have personally examined attachments and that, based on my inquiry of those persons application. I believe that the information is true.	and am familiar with t	the information submitte	ed in this application and all
application, I believe that the infolliation is true, accurate and	o complete Lam awa	ible for obtaining the in re that there are signific	formation contained in the
raise information, including the possibility of fine and imprisonn	ment.	State of Giginno	ant pondition for submitting
	GNATURE		C. DATE SIGNED
GEORGE LAMBERT PRES	non	1. 1	11/12/108
	100gh	amour	112/1900
COMMENTS FOR OFFICIAL USE ONLY	ALLEY DEE	LOKE MALE WAS	
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PA Form 3510-1 (6-80) REVERSE			

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handle hazardou	ON OF HAZARDOUS WAST OUS WASTE NUMBER — Enter is wastes which are not listed in oxic contaminants of those hazar	the four-	Subpart D, enter the f	0 CFR, Subpart D four—digit number/s	for each listed hazardous waste you will handle. If you from 40 CFR, Subpart C that describes the characterist							
ESTIMATED A basis. For each	NNUAL QUANTITY - For each	listed wa	ste entered in colum	n A estimate the que the total annual qu	uantity of that weste that will be handled on an annual antity of all the non-listed waste(s) that will be handled							
UNIT OF MEAS	SURE - For each quantity enter	ed in colu	mn B enter the unit	of measure code. U	Units of measure which must be used and the appropriate							
	IGLISH UNIT OF MEASURE		CODE		OF MEASURE CODE							
TC	NS		T	METRIC TONS	5							
If facility record account the app	Is use any other unit of measure ropriate density or specific gravity	for quant of the wa	ity, the units of meanste.	sure must be conver	ted into one of the required units of measure taking into							
For non-list contained in	zardous waste: For each listed low the waste will be stored, treate ed hazardous wastes: For each litem III to indicate all the pro-	ed, and/or characteris	disposed of at the fac- tic or toxic contamir	cility.	and A, select the code(s) from the list of process codes contained in Item III							
Note: Four	ristic or toxic contaminant, spaces are provided for enterin box of Item IV-D(1); and (3) En	g process ter in the	codes. If more are no space provided on pag	eeded: (1) Enter the ge 4, the line numbe	e first three as described above; (2) Enter "000" in the er and the additional code(s).							
					cess in the space provided on the form.							
1. Select one of	Hazardous Waste Number shall b	e described pers and er	d on the form as follo nter it in column A. O	ws: In the same line com	NUMBER — Hazardous wastes that can be described by applete columns B,C, and D by estimating the total annual the waste							
2. In column A "included wi	of the next line enter the other th above" and make no other enter	EPA Haza	ardous Waste Number t line.	r that can be used t	to describe the waste. In column D(2) on that line enter							
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste. EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.												
A. EPA HAZARD.	B. ESTIMATED ANNUAL	C. UNIT			D. PROCESSES							
O WASTENO Z (enter code)	QUANTITY OF WASTE	(enter code)	1. PROCES		2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
-1 K 0 5 4	900	P	T 0 3 D 8 0									
-2 D 0 0 2	400	P	T 0 3 D 8 0									
-3 D 0 0 1	100	P	T 0 3 D 8 0	医基层 医 原	THE PROPERTY OF THE PARTY OF TH							

PAGE 2 OF 5

included with above

CONTINUE ON PAGE 3

C. SPACE FOR ADDITIONAL PROCESS CODES OF OR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Continued from the front.

EPA Form 3510-3 (6-80)

III. PROCESSES (continued)

Contin NOTE	ued: Ph	fro	cop	age y th	2. is page before completing i	have	more	tha	an 26 wa	astes to list	STATE OF TAXABLE PARTY.		Form Approved OMB No. 158-S80004
SI	T				BER (enter from page 1)	1	1,	1			ROFFICI	AL USE 6	T/AC
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ш		A. I	EP/ AR		B. ESTIMATED ANNUAL	C.	UNIT		euj				D. PROCESSES
LINE NO.	W I	157	TE I	10. dc)	QUANTITY OF WASTE	(enter code)				ter)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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EPA	For				6-80)		-			-	05.5		CONTINUE ON REVERSE

Johanned from the front,		- Williams			NAME OF TAXABLE PARTY.	Charles Street Control of the
V. DESCRIPTION OF HAZARDOUS WASTF E. USE THIS SPACE TO LIST ADDITIONAL	ontinue		OM ITEM D(1)	ON PAGE		
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EPA I.D. NO. (enter from page 1)	E/	0:5		F		- The state of the
NJD09517193036	1	005	5	1 6	15	6
V. FACILITY DRAWING				DECEMBER SESSION	Name and Address of the Owner, where	
All existing facilities must include in the space provided of	on page 5	a scale drawin	g of the facility (see instructions for mo	re detail).	
/I. PHOTOGRAPHS		THE PARTY.	THE STREET	THE RESERVE		
All existing facilities must include photographs (ac						
treatment and disposal areas; and sites of future st	torage, t	reatment or	disposal areas (see instructions for I	nore deta	
/II. FACILITY GEOGRAPHIC LOCATION	del			LONGITUDE (degre	as minutes	A seconds)
	as)					
40 49 00 0				7 4	050	00
/III. FACILITY OWNER	THE	V2				ALEXAND ROBERTAL
A. If the facility owner is also the facility operator a	s listed in	Section VIII	on Form 1, "Ger	neral Information", pla	ce an "X" i	n the box to the left and
skip to Section IX below.						
B. If the facility owner is not the facility operator a	s listed in	Section VIII	on Form 1, comp	olete the following item	is:	
1. NAME OF FAC	ILITY'S	LEGAL OWN	ER	LA LENS	2. P	HONE NO. (area code & no.)
Kewanee Industries, Inc.					201	933610
110					55 56 -	50 59 - 6t 62 - 6
3. STREET OR P.O. BOX		c	4. CITY OR		5. ST.	6. ZIP CODE
180 East Union Avenue		G East	Rutherf	ord	NJ	07073
X, OWNER CERTIFICATION			State State			AVENTER
certify under penalty of law that I have personall						
locuments, and that based on my inquiry of those ubmitted information is true, accurate, and comp.						
ncluding the possibility of fine and imprisonment.		n aware that	thora are signi	ricarit periarties for s	abiniting	raise information,
A. NAME (print or type)	B. SI	GNATURE	9		C. DATE	SIGNED
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C, OPERATOR CERTIFICATION	periot),	STATE OF	The Park St.	THE STATE OF	of the sky	
certify under penalty of law that I have personall locuments, and that based on my inquiry of those						
ubmitted information is true, accurate, and complete						
ncluding the possibility of fine and imprisonment.		11	Tall Tolk			g-tay of the costs
A. NAME (print or type)		SNATURE	/		C. DATE	SIGNED
SEORGE LAMBERT PAES	1	wine	Lamb	m	11/	12/1980
A Form 3510-3 (6-80)	1	0.	100		1	CONTINUE ON PAGE
	- V	PAGE	OF 5		1	CONTINUE ON PAGE

V. FACILITY DRAWING (see page

44 4 - delinered on 12/29/83 @ 12 P.M. MORGAN, LEWIS & BOCKIUS COUNSELORS AT LAW PHILADELPHIA HARRISBURG WASHINGTON 101 PARK AVENUE LONDON NJP095171930 Los Angeles NEW YORK, NEW YORK 10178 TELEPHONE: (212) 309-6000 CABLE ADDRESS: MORLEBOCK TELEX: 64-5371 December 29, 1983 United States Environmental Protection Agency Region Two 26 Federal Plaza New York, New York 10007 Dear Sirs: Enclosed please find for your consideration a general information form (Form 1) and a revised hazardous waste permit application (Form 3). Thank you. Sincerely, Somla a hear Sandor A. Green Enclosure SAG: RSLC BY HAND

Plea print or type in the unshaded areas only fill in areas are spaced for elite type, i.e., 12 charac find				Form Approved OMB No. 1	58-R	0175	District Control
				MATION			
C	onsol	idate	d Permits	Program s' before starting.) F NJ DO 9 5 1 7	.1-9	3	0 [
I. EPA I.D. NUMBER	/	/	11	If a preprinted label has be it in the designated space.	een p	provice w the	e inform-
III. FACILITY NAME	1	1		ation carefully; if any of i through it and enter the appropriate fill—in area be	t is in	ncorre	ect, cross
V. MAILING ADDRESS PLEASE PL	ACE	LA	BEL II	the preprinted data is abseleft of the label space lithat should appear, pleas proper fill—in area(s) below	ent (the sts the property)	he are e inf vide f the	ea to the formation it in the label is
VI. FACILITY LOCATION	/	1		complete and correct, you learn I, III, V, and VI (must be completed regard items if no label has been the instructions for deta	less). provi	Comided.	-B which plete all Refer to descrip-
	/	1,	11,	tions and for the legal a which this data is collected.	uthori	zatio	ns under
II. POLLUTANT CHARACTERISTICS							
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	tal fo	orm li ach q ructio	sted in th	o submit any permit application forms to the EPA. If you and ne parenthesis following the question. Mark "X" in the box in you need not submit any of these forms. You may answer "no so, Section D of the instructions for definitions of bold—faced	the th	our a	olumn
SPECIFIC QUESTIONS	YES	NO	FORM		YES		FORM
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	16	X	14	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	X	24	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	25	X 26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	Х	29	X 30	Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	7	X 32	27
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy?	31		
hydrocarbons? (FORM 4) 1. Is this facility a proposed stationary source which is	34	35	36	(FORM 4) J. Is this facility a proposed stationary source which is	37	X 34	39
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		х	3 - 3 - 3 3 - 1,1 - 3	NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	trale Table	X	100 m
attainment area? (FORM 5) III. NAME OF FACILITY	40	41	42	area? (FORM 5)	43		45
SKIP COLONIAL PRINTI	N6	7	INK	. Co			
IV. FACILITY CONTACT A. NAME & TITLE (last, fin	st, &	title)		B. PHONE (area code & no.)			
				2,0,1 9,3,3 6,1,0,0			
V. FACILITY MAILING ADDRESS				45 46 - 48 49 - 51 52 - 55			
7 0 0			TP.				
3 1 8 0 E AST UNION AV	, D, 1	N, U,	E	C.STATE D. ZIP CODE			
4 E.A.S.T. R.U.T.H.E.R.F.O.R.D				N J 0 7 0 7 3			
VI. FAGILITY LOCATION				40 41 42 47 - 51	170		
A. STREET, ROUTE NO. OR OTHER S	PECI	FIC I	DENTIFI	ER	63		
5 1,8,0, E,A,S,T, U,N,I,O,N, A,V,	EN	1, U	Ε,	48			
BERGEN B. COUNTY NAME	1	131	31 19				
C. CITY OR TOWN				D.STATE E. ZIP CODE F. COUNTY CODE (if known)			
6 E. A.S. T. R.U.T. H. ER. F.O. R. D				N.J 0.7.0.73			
EPA Form 3510-1 (6-80)		-		40 41 42 47 - 51 52 - 54		- AL C	EVEDO

CONTINUED FROM THE FRONT			Attended to Application	The state of the s
VII. SIC CODES (4-digit, in order of priority)				
A. FIRST	nufact-	(specify)	B. SECOND	
apolity	ring	7		
C. THIRD	242/4	15 16 - 19	D. FOURTH	
(specify)		(specify)		
7		7		
VIII. OPERATOR INFORMATION				D lashe some that it
	A. NAME			B. Is the name listed in Item VIII-A also the
				owner?
8				55 66
c. STATUS OF OPERATOR (Enter the appropriate le	etter into the answer	box; if "Other", specify.)	D. PHON	IE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or		ecify)	С	9336100
S = STATE O = OTHER (specify) P = PRIVATE	56		A 2 0 1	19 - 21 22 - 25
E. STREET OR P.O. BO	×			
18.0. E.A.S.T. U.N.I.O.N. A.V.E.				
26		G.STATE H. ZIP	CODE IX, INDIAN LAN	
F. CITY OR TOWN		G.SIAIZ H. ZIP		ated on Indian lands?
BEAST RUTHERFORD		NJ 0,70	.7.3	□X NO
15 16		40 41 42 47 -	52	1000000000000000000000000000000000000
X. EXISTING ENVIRONMENTAL PERMITS				
To the same of the	PSD (Air Emissions	from Proposed Sources)		
9 N 9 P				
15 16 17 18 30 15 16 B. UIC (Underground Injection of Fluids)	17 18 E. OTHER	(specify)	0	
CITIE I I I I I I I I I I I CIT			(specify) NJDEP B	ureau of Air
9 U 9	MILL	EXHA,UST,	Pollution C	
15 16 17 18 - 30 15 16 C. RCRA (Hazardous Wastes)	E. OTHER	(specify)		
O D 9	MARKET STATE OF THE STATE OF TH	OL LE CT. OR.	(specify) NJDEP B	ureau of Air ontrol
9 R 15 16 17 10 - 30 15 16		OTTO CTOR	Pollution C	ontrol
XI. MAP		-1		The second of
Attach to this application a topographic map of the the outline of the facility, the location of each of it	area extending to	at least one mile beyo	nd property bounderies	s. The map must show of its hazardous waste
treatment, storage, or disposal facilities, and each v	well where it inject	ts fluids underground.	Include all springs, riv	vers and other surface
water bodies in the map area. See instructions for pro-	ecise requirements			the most of the last
XII. NATURE OF BUSINESS (provide a brief description)				
			E #	
			Č.	
				00
Screen Printing Ink Manus	facturer		Zo.	The second second
			2	2781
			91	
			1	32
			Name and the same	
XIII. CERTIFICATION (see instructions)				
I certify under penalty of law that I have personali	ly examined and a	m familiar with the inf	ormation submitted in	this application and all
attachments and that based on my inquiry of the	ose persons imm	ediately responsible fo	or obtaining the inform	ation contained in the
application. I believe that the information is true,	accurate and com	plete. I am aware that	t there are significant p	enalties for submitting
false information, including the possibility of fine a	B. SIGNAT	was I	THE RESIDENCE AND ADDRESS.	C. DATE SIGNED
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNAT	Hellie		12/23/83
Robert B. Howie - President	-	of acces		12/23/03
COMMENTS FOR OFFICIAL USE ONLY				
CITITITITITITITITITITITITITITITITITITIT	TETT		111111	
C				55
15 10 company of the second se	Andrew Control of the local division in the	AND ADDRESS OF THE PARTY OF THE		

FORM		NAME OF TAXABLE PARTY.										
	0	EDA	HAZARDOL	IS WAST						I. EPA I.D. NUM	BER	
	Y	EPA		Consolidate	ed Permits	Progra	am			FNJD09	5 1 7 1 9	3 0 1
FOR OF	FICI	AL USE ONLY	(This informat	ion is requir	ea unaer	Section	1300	o of RC	RA.)	1 2		
	TION	DATE RECEIVED						со	MMENTS			SEASON.
23		24 - 29										
		REVISED APPLI					P					
revised app	Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.											
	A. FIRST APPLICATION (place an "X" below and provide the appropriate date) 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) 71 POR NEW FACILITY (Complete item below.) FOR NEW FACILITIES.											
8 6	PROVIDE THE DATE VR. MO. DAY FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (yr., mo., & day) OPERATION BEGAN OR IS (use the boxes to the left)											lay) OPERA-
B. REVIS	SED	APPLICATION (E		and comple	te Item I	above)				2. FACILITY HA	S A RCRA PERM	ит
III. PRO	CES	SES – CODES AN	D DESIGN CAP	ACITIES								
enterin	na coo		needed, enter the d	ode(s) in th	e space pr	ovided	. If	a process	will be used	be used at the facility. that is not included in		
1. AM	NUON	DESIGN CAPACITY IT — Enter the amount F MEASURE — For e	nt.							measure codes below th	nat describes the u	ınit of
mea	easure	used. Only the units				be used	i.			DDO AD	PROPRIATELIA	UTC OF
	00	00500	CESS MEASUF	E FOR PRO	OCESS				OCECC	CESS ME	PROPRIATE UN EASURE FOR PE	ROCESS
Storage:		ROCESS	CODE DESIG	GN CAPAC		T	reati		ROCESS	CODE	DESIGN CAPAC	dir
Storage: Treatment: CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS TANK T01 GALLONS PER DAY OR TANK S02 GALLONS OR LITERS LITERS PER DAY												
WASTE			S03 CUBIC YA	RDS OR TERS					POUNDMEN	LITI	ERS PER DAY	
SURFACE IMPOUNDMENT S04 GALLONS OR LITERS INCINERATOR T03 TONS PER HOUR OR METRIC TONS PER HOUR; Disposal: Output Disposal:												
INJECTI	ION	WELL		OR LITER		0	THE	R (Use f	for physical,	chemical, TO4 GAL	ERS PER HOUR LONS PER DAY	OR
			depth of or	r one acre the foot) OR		th p	roce	al or bio	logical treatn occurring in t ndments or ii	nent LITI anks,	ERS PER DAY	
LAND A		CATION		HECTAR		a	tors.	Describe	e the process ided; Item II	es in		
SURFA	CEIN	POUNDMENT	D83 GALLONS	OR LITER	s							
			UNITOF						NIT OF			UNITOF
UNITO	F ME	ASURE	MEASURE CODE	UNIT O	MEASU	RE			CODE	UNIT OF MEASU	JRE	CODE
LITERS	5			TONS P	PER DAY				D	ACRE-FEET HECTARE-METE	R	F
CUBIC	METE	RS	C	GALLO	TONS PI	OUR .			E	ACRES		
		R COMPLETING ITE			X-1 and					orage tanks, one tank c	an hold 200 gallo	ns and the
other can	hold	400 gallons. The fac	ility also has an inc	nerator tha	t can burr	up to	20 g	allons pe	r hour.			, , ,
C		DUP	1	11	11	11	1	1,	111	11111	1111	1//
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UN (from about	n list	1. AMG		OF MEA- SURE (enter	USE	Y	3/6	from list above)		1. AMOUNT	SURE (enter	USE
16 -	- 18	19 *	2	code)	29 -	32		6 - 18	19		code)	29 - 32
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C. SPACE FOR ADDITIONAL PROCES	S CODES OR FOR	DESCRIBING OTHER	PROCESSES (code "T04"). FOR EACH PROCESS	ENTERED HERE

INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE METRIC UNIT OF MEASURE CODE POUNDS.....P

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility,

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B.C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

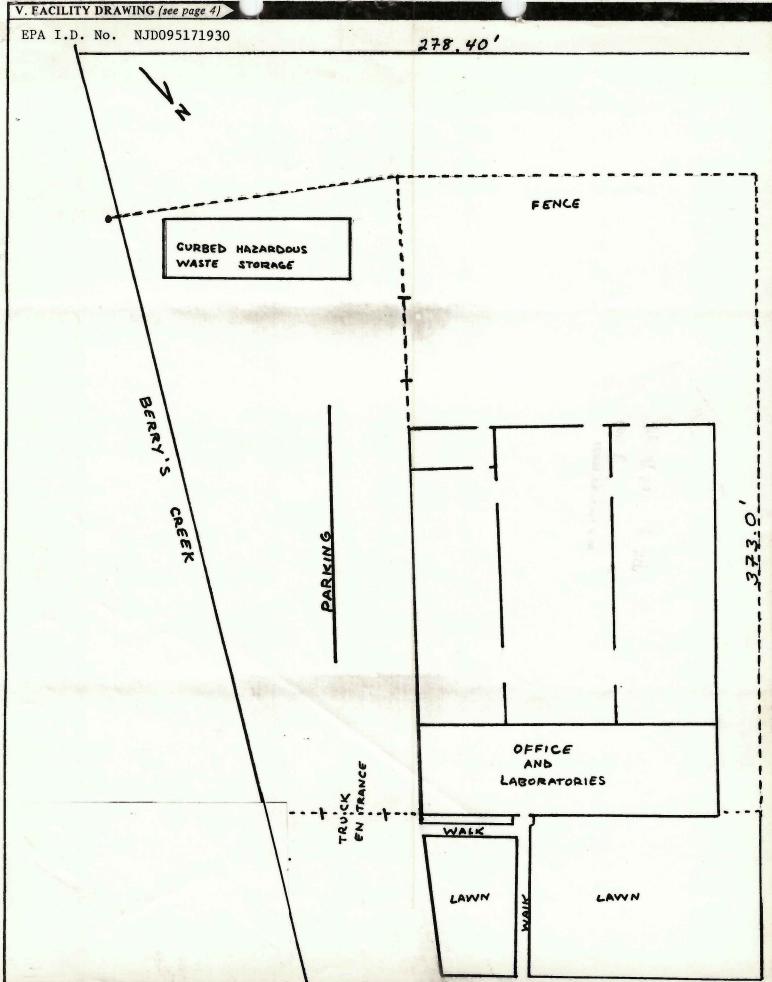
 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter 'included with above" and make no other entries on that line,
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

100	T.	1	١.	EF	A				C. UNIT								ALCOHOL:		D. PROCESSES
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IV. DESCRIPTION OF HAZARDOUS WASTES , contin	nued)	A CALL DAY ON DAY		MAC Y		NAME.			
E. USE THIS SPACE TO LIST ADDITIONAL PROCE	SS CODES FRO	M ITEM D(1) ON PAG	E J.						
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V. FACILITY DRAWING	CH USIE	AND RESIDENCE	1440.00	TO THE	100	1	ERT	# 37	
All existing facilities must include in the space provided on page	ge 5 a scale drawin	g of the facility (see instru	ctions for mo	re detail).					
VI. PHOTOGRAPHS	F 1 1 1 1 2 5 1					-			
All existing facilities must include photographs (aerial	or ground-leve	// that clearly delineate	all existing	structure	es; exis	ting s	torage		
treatment and disposal areas; and sites of future storag	je, treatment or	disposal areas (see instr	uctions for i	nore del	tall).				-
VII. FACILITY GEOGRAPHIC LOCATION	PHARMACA.	THE RESIDENCE	Participation of the same	and the latest		conde			
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VIII. FACILITY OWNER	THE REAL PROPERTY.	HONOR STORES				THE REAL PROPERTY.	614	400	
A. If the facility owner is also the facility operator as list	ed in Section VIII	on Form 1, "General Info	rmation", pla	ce an "X"	' in the	box to	the le	ft and	
skip to Section IX below.									
B. If the facility owner is not the facility operator as liste	ed in Section VIII	on Form 1, complete the	following iten	ns:					
1. NAME OF FACILIT					PHON	E NO.	(area c	ode & no	1.)
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3. STREET OR P.O. BOX		4. CITY OR TOWN		S.ST.		6. Z	IP CO	DE	
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IX. OWNER CERTIFICATION									
I certify under penalty of law that I have personally ex	kamined and am	familiar with the inform	mation subm	nitted in	this a	nd all	attach	ned	
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State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT 32 E. Hanover St., CN 028, Trenton, N.J. 08625

JACK STANTON DIRECTOR

CERTIFIED MAIL

#P258 572 675

August 30, 1983

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LINO F. PEREIRA

Robert E. Roller Engineering and Environmental Affairs Department Hillmaster Onyx Group, Inc. 11 Summit Avenue Berkeley Heights, New Jersey 07922

Dear Mr. Roller:

This letter is to serve notice that Millmaster Onyx Group, Inc. has established adequate financial assurance for closure, by means of a Trust Agreement, for the following New Jersey Interim Status Facilities:

Lyndal Chemical Company
Division of Millmaster Onyx Group, Inc.
624 Schuyler Avenue
Lyndhurst, New Jersey 07071
EPA ID NO. NJD000314682

Colonial Printing Ink Company
Division of Millmaster Onyx Group, Inc.
180 East Union Avenue
East Rutherford, New Jersey 07073
EPA ID NO. NJD095171930

Onyx Chemical Company
Division of Millmaster Onyx Group, Inc.
190 Warren Street
Jersey City, New Jersey 07302
EPA ID NO. NJD000314676

U. S. Printing Ink Corporation Subsidery of Millmaster Onyx Group, Inc. 343 Murray Hill Parkway East Rutherford, New Jersey 07073 EPA ID NO. NJD095171948 NEW YORK. N.Y. 1000T

Evidence of financial responsibility for claims arising from the operations of each such facility or group of facilities from sudden and non-sudden accidental occurrences that cause injury to persons or property is provided by a Liability Endorsement, which the amount of coverage for each facility is sufficient. However, according to N.J.A.C. 7;26-9.13(b), each endorsement for the above facilities must be attached to an originally signed duplicate of the insurance policy. Submittal of such shall be provided within thirty (30) days of receipt of this letter.

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It is also noted that the above company names reflect sole ownership by Millmaster Onyx Group, Inc., not Millmaster Onyx Group-Kewanee Industries, Incorporated, as filed in November 1980 with the USEPA. It is the Department's understanding that Kewanee Industries, Incorporated, a wholly-owned subsidary of Gulf Oil Corporation, had sold the assets for the above interim status facilities to RJM Chemicals, Inc. in December of 1982 for which the name was soon changed to Millmaster Onyx Group, Inc., by evidence of a "Restated Certificate of Incorporation" dated January 19, 1983. Copies of revised Part A's reflecting ownership change for each of the above referenced facilities (signed by Robert J. Milano, Chairman, November 9, 1982) are on file in this office.

In December, 1982, RJM Chemicals, Inc. (Millmaster Onyx Group, Inc.) also acquired an additional interim status facility, Copygraphics Company, EPA ID Number NJD094970878. A letter of February 1, 1983 from you stated that this company was sold to Synfax Manufacturing, Inc. on January 24, 1983. To this date, Synfax has not established financial assurances for closure and liability insurance. Therefore, in regard to the Trust Agreement established by R.J.M. Chemicals on December 7, 1982, which includes the Copygraphics location, the Department cannot notify the Trustee to remove Copygraphics from the Trust Agreement until Synfax has established a financial mechanism for closure.

If the preceding understandings by the Department are not entirely correct, or questions arise from this letter, feel free to contact Scott Baker of my staff at (609) 292-8504.

Very truly yours,

Frank Coolick, Chief

Bureau of Hazardous Waste Engineering

FC:SB:jb

c: Dennis Caputo, Regulatory Affairs Manager Gulf Oil Chemicals Company JUN 5 10 25 AH '84
ENVIRONMENTAL PROTECTION
NEW YORK. N.Y. 10007

R. Baker



State of New Jersey DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT 32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E. DIRECTOR

LINO F. PEREIRA, P.E. DEPUTY DIRECTOR

1 1 JUL 1984

Robin Miller Corini
Technical Regulatory Coordinator
Colonial Printing Ink Corporation
140 East Union Avenue
East Rutherford, NJ 07073

RE: Hazardous Waste TSD Facility Operating Status of Colonial Printing Ink Corporation, East Rutherford Borough, Bergen County, EPA ID NO. NJD095171930

Dear Ms. Corini:

The Bureau of Hazardous Waste Engineering (the Bureau) is in receipt of your letter dated June 15, 1984 requesting that the referenced facility be reclassified from a hazardous waste treatment, storage or disposal (TSD) facility to "generator only" status.

The Bureau has determined that the company's hazardous waste TSD facility as delineated in company's Part A application consists solely of SO1 (containerized storage) with no other treatment, storage or disposal activities being performed at the site. Furthermore, as explained by you, it is the Bureau's understanding that the referenced facility accumulates on-site generated waste in containers only for periods of 90 days or less.

Therefore, on the basis of this information, the Bureau classifies the above referenced facility solely as a generator provided the following requirements of N.J.A.C. 7:26-9.3 and 40 CFR 262-34 are complied with:

- 1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
- The waste is placed in containers which meet the standards of N.J. A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
- The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g).

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities". It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

The issuance of this delisting letter by the Department does not indicate, or imply, and should not be construed as a waiver of any requirements pursuant to the New Jersey Pollution Control Act, N.J.S.A. 58:10A-1 et seq. If your facility is in any of the regulated categories identified in the above cited regulations you are hereby directed to apply for any and all permits necessary within ninety (or 180 days - at the option of DWR) to the Bureau of Ground Water Discharge Permits, CN 029, Trenton, New Jersey 08625. Applications may be obtained by calling (609)292-0424.

If you have any questions on this matter, please feel free to contact Ali Chaudhry of my staff at (609)633-7714.

Very truly yours,

Ernest J. Ruhlwein Jr. for

Frank Coolick, Chief Bureau of Hazardous Waste Engineering

EP11/slw

c: Angel Chang, USEPA
Dr. Richard Baker, USEPA
Robert Braster, DWM



